

B.C.C.F.
 INFIRMARY (INSTITUTION)
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall Hampton AIS NO: B/226420 CELL: # 2
 VIOLATION OR REASON: Self Injury Mental Health ADMITTANCE AUTHORIZED BY: LT Cunningham
 DATE & TIME RECEIVED: 10/31/03 @ 6:35 p.m. Observation DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: Disc Seg

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/3	MORN					N	N	N	Rec'd meal	Salomon Hillman, CO2
	DAY	N			N	N	Nurse Johnson	Dr. Sanders	Rec'd meds	C. Henry CO1
	EVE				N	N	Nurse Johnson	Dr. Kern	received meal	H. Hill
Mon										
11/4	MORN				N	N	Nurse Smith	N	Rec'd meal	T. Blahut CO1
	DAY				N	N	Nurse Johnson	Dr. Sanders	Refused meds	T. Blahut CO1
	EVE				N	N	Nurse Williams	N	Rec'd Meal	M. Christ
Tue										
11/5	MORN				N	N	Williams	N	Rec'd meal	J. Hudson CO1
	DAY				N	N	Williams	N	Refused meds	J. Hudson CO1
	EVE				N	N	Williams	N	Rec'd meal & meds	W. Parker CO1
Wed										
11/6	MORN				N	N	Tolbert	N	Rec. meal & Meds	S. M. Leg CO1
	DAY				N	N	Williams	Dr. Kern	Rec'd meal	M. J. Leg CO1
	EVE				N	N	Tyson	-	Rec'd meal & Fluid	J. J. Leg CO1
Thurs										
11/7	MORN				N	N	Williams	Dr. Kern	Rec'd meal	T. Blahut CO1
	DAY				N	N	Williams	Dr. Kern	Meds given	E. Johnson CO1
	EVE				N	N	Tolbert	N	Rec'd meal	R. Mason
Fri										
11/8	MORN				N	N	Williams	N	Rec'd meal	T. Blahut CO1
	DAY				N	N	Williams	N	Rec'd meal	T. Blahut CO1
	EVE				N	N	Williams	N	Rec'd meal & Meds	T. Blahut CO1
Sat										
11/9	MORN				N	N	Williams	N	Rec'd meal	T. Blahut CO1
	DAY				N	N	Williams	N	Rec'd meal & meds	C. Henry CO1
	EVE				N	N	Gima	N	Rec'd meal & meds	H. Hill
Sun										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

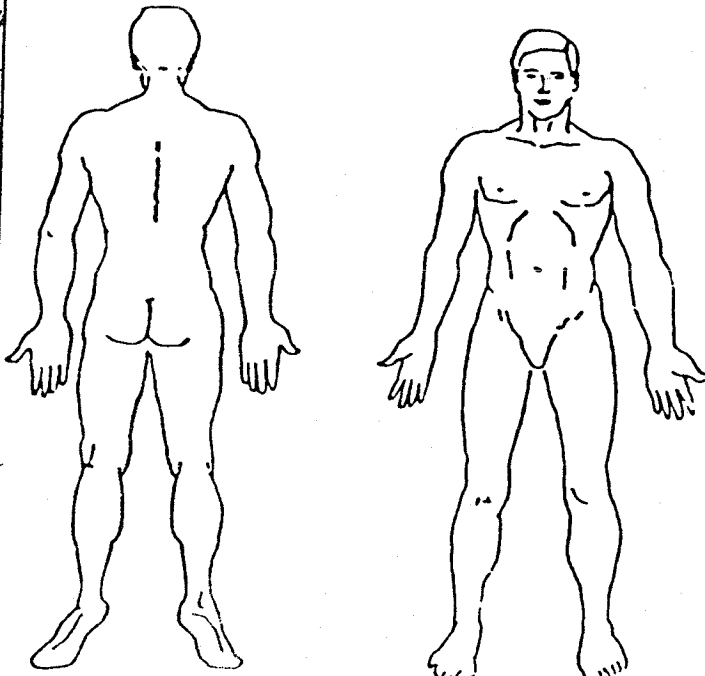
Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

DEPARTMENT OF CORRECTIONS

EMERGENCY/Non-Schedule TREATMENT RECORD

(OTHER)

DATE <u>10-23-03</u>		TIME <u>4:20</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	FACILITY <u>Bullbrook</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98°</u> <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> RECTAL			RESP <u>20</u>	PULSE <u>86</u>	B/P <u>126/80</u>	RECHECK IF SYSTOLIC <u>98%</u> < 100 > 50
NATURE OF INJURY OR ILLNESS <u>S- None</u> <u>O- Det Mafe Ambulatory to Her</u> <u>Escorted by two other inmates</u> <u>Inmate is Alert and Oriented</u> <u>X3 Resp Regular and even skin</u> <u>w/ to touch. NO seizure activity</u> <u>Noted NO injuries noted on</u> <u>inmates body at this time</u>			ABRASION///	CONTUSION #	BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
			LACERATION/ SUTURES			
PHYSICAL EXAMINATION <u>A- Potential for injuries/pain</u>						
ORDERS, MEDICATION, etc.			<u>P- Released back to population, no distress</u> <u>Noted.</u> <u>E may Return to Hou Pen</u>			
DIAGNOSIS <u>D</u>						
INSTRUCTIONS TO PATIENT <u>D</u>						
RELEASE/TRANSFER DATE <u>10/23/03</u>		TIME <u>4:30</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>Martha Jackson</u>		DATE	PHYSICIAN'S SIGNATURE <u>[Signature]</u>		DATE	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Hampton Rondell</u>			AGE <u>20</u>	DATE OF BIRTH <u>10/15/83</u>	R/S <u>B</u>	AMS # <u>02111</u>

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____OBSERVATION: ☐ 15 Minutes ☐ Other _____Date Initiated: 11/6/22 Time Initiated: 0800

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15	6, 1, 9 EL	06:15	5 MC	14:15	6, 1, 9 EL
22:30	6, 1, 9 EL	06:30	5 MC	14:30	6, 1, 9 EL
22:45	6, 1, 9 EL	06:45	5 MC	14:45	6, 1, 9 EL
23:00		07:00	5 MC	15:00	6, 1, 9 EL
23:15		07:15	5 MC	15:15	6, 1, 9 EL
23:30		07:30	5 MC	15:30	6, 1, 9 EL
23:45		07:45	5 MC	15:45	6, 1, 9 EL
24:00		08:00	4 MC	16:00	6, 1, 9 EL
24:15		08:15	4 MC	16:15	6, 1, 9 EL
24:30		08:30	4 MC	16:30	6, 1, 9 EL
24:45		08:45	4 MC	16:45	6, 1, 9 EL
01:00		09:00	4 MC	17:00	6, 1, 9 EL
01:15		09:15	4 MC	17:15	6, 1, 9 EL
01:30		09:30	4 MC	17:30	6, 1, 9 EL
01:45		09:45	4 MC	17:45	6, 1, 9 EL
02:00		10:00	4 MC	18:00	6, 1, 9 EL
02:15		10:15	4 MC	18:15	6, 1, 9 EL
02:30		10:30	4 MC	18:30	6, 1, 9 EL
02:45		10:45	4 MC	18:45	6, 1, 9 EL
03:00		11:00	3 MC	19:00	6, 1, 9 EL
03:15		11:15		19:15	6, 1, 9 EL
03:30		11:30		19:30	6, 1, 9 EL
03:45		11:45		19:45	6, 1, 9 EL
04:00		12:00		20:00	6, 1, 9 EL
04:15		12:15		20:15	6, 1, 9 EL
04:30		12:30		20:30	6, 1, 9 EL
04:45		12:45		20:45	6, 1, 9 EL
05:00		13:00		21:00	6, 1, 9 EL
05:15		13:15		21:15	6, 1, 9 EL
05:30		13:30		21:30	6, 1, 9 EL
05:45		13:45		21:45	6, 1, 9 EL
06:00	5 MC	14:00	6, 1, 9 EL	22:00	6, 1, 9 EL

Inmate Name

Hampton, Randall

AIS #

224420

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____OBSERVATION: ☒ 15 Minutes ☐ Other _____Date Initiated: 11/4/03 Time Initiated: _____

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
2215	6/9	1415	6 ME	1415	6 ON
2230	6	1430	6 ME	1430	6 ON
2245	6	1445	6 ME	1445	6 ON
2300	5	1500	6 ME	1500	6 ON
2315	5	1515	6 ME	1515	6 ON
2330	5	1530	6 ME	1530	6 ON
2345	5	1545	6 ME	1545	6 ON
2400	5	1600	6 ME	1600	6 ON
2415	5	1615	6 ME	1615	6 ON
2430	5	1630	6 ME	1630	6 ON
2445	5	1645	6 ME	1645	6 ON
0100	5	1700	1 ME	1700	6 ON
0115	5	1715	1 ME	1715	6 ON
0130	5	1730	1 ME	1730	6 ON
0145	5	1745	1 ME	1745	6 ON
0200	5	1800	1 ME	1800	6 ON
0215	5	1815	1 ME	1815	5 ON
0230	5	1830	1 ME	1830	5 ON
0245	5	1845	2 ME	1845	5 ON
0300	5	1900	2 ME	1900	5 ON
0315	5	1915	2 ME	1915	5 ON
0330	5	1930	2 ME	1930	5 ON
0345	5/13	1945	2 ME	1945	5 ON
0400	5/13	2000	4 ME	2000	5 ON
0415	6	2015	4 ME	2015	5 ON
0430	6	2030	4 ME	2030	5 ON
0445	6	2045	4 ME	2045	5 ON
0500	5	2100	4 ME	2100	5 ON
0515	5	2115	4 ME	2115	5 ON
0530	5	2130	4 ME	2130	5 ON
0545	5	2145	4 ME	2145	5 ON
0600	5	2200	4 ME	2200	5 ON

Inmate Name
Hampton, Randall

AIS #
224120

Rd Parker

Rcet

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____OBSERVATION: ☒ 15 Minutes ☐ Other _____Date Initiated: 11/4/03 Time Initiated: _____

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15		06:15		14:15	10 - mbe
22:30		06:30		14:30	10 - mbe
22:45		06:45		14:45	10 - mbe
23:00		07:00		15:00	10 - mbe
23:15		07:15	6 mbe	15:15	10 - mbe
23:30		07:30	6 mbe	15:30	10 - mbe
23:45		07:45	6 mbe	15:45	10 - mbe
24:00		08:00	6 mbe	16:00	10 - mbe
24:15		08:15	6 mbe	16:15	10 - mbe
24:30		08:30	6 mbe	16:30	10 - mbe
24:45		08:45	6 mbe	16:45	10 - mbe
01:00		09:00	6 mbe	17:00	10 - mbe
01:15		09:15	10, 6 mbe	17:15	10 - mbe
01:30		09:30	9, 6 mbe	17:30	9 - mbe
01:45		09:45	9, 6 mbe	17:45	9 - mbe
02:00		10:00	9, 6 mbe	18:00	9, 1 - mbe
02:15		10:15	9, 6 mbe	18:15	9, 1 - mbe
02:30		10:30	9, 6 mbe	18:30	9, 1 - mbe
02:45		10:45	9, 6 mbe	18:45	6 - mbe
03:00		11:00	12, 6 mbe	19:00	6 - mbe
03:15		11:15	10, 6 mbe	19:15	9 - mbe
03:30		11:30	6 mbe	19:30	10 - mbe
03:45		11:45	6 mbe	19:45	10 - mbe
04:00		12:00	6 mbe	20:00	9 - mbe
04:15		12:15	6 mbe	20:15	9 - mbe
04:30		12:30	6 mbe	20:30	9 - mbe
04:45		12:45	6 mbe	20:45	6 - mbe
05:00		13:00	6 mbe	21:00	6 - mbe
05:15		13:15	6 mbe	21:15	6 - mbe
05:30		13:30	6 mbe	21:30	6 - mbe
05:45		13:45	1 mbe	21:45	10 - mbe
06:00		14:00	6 mbe	22:00	10 - mbe

Inmate Name

Hampton, Randall

AIS #

226420

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☐ Suicide Watch ☐ Restraints ☐ Other _____OBSERVATION: ☐ 15 Minutes ☐ Other _____Date Initiated: 11/3/03 Time Initiated: 0600

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15		06:15	6 ML	14:15	6, mte
22:30		06:30	6 ML	14:30	6, mte
22:45		06:45	6 ML	14:45	6, mte
23:00		07:00	6 ML	15:00	10, mte
23:15		07:15	6 ML	15:15	10, mte
23:30		07:30	6 ML	15:30	10, mte
23:45		07:45	6 ML	15:45	6, mte
24:00		08:00	6 ML	16:00	6, mte
24:15		08:15	6 ML	16:15	6, mte
24:30		08:30	6 ML	16:30	6, mte
24:45		08:45	6 ML	16:45	6, mte
01:00		09:00	6 ML	17:00	6, mte
01:15		09:15	6 ML	17:15	6, mte
01:30		09:30	6 ML	17:30	6, mte
01:45		09:45	6 ML	17:45	6, mte
02:00		10:00	6 ML	18:00	6, mte
02:15		10:15	6 ML	18:15	6, mte
02:30		10:30	6 ML	18:30	6, mte
02:45		10:45	6 ML	18:45	6, mte
03:00		11:00	6 ML	19:00	6, mte
03:15		11:15	6 ML	19:15	6, mte
03:30		11:30	6 ML	19:30	6, mte
03:45		11:45	6 ML	19:45	6, mte
04:00		12:00	6 ML	20:00	6, mte
04:15		12:15	6 ML	20:15	6, mte
04:30		12:30	6 ML	20:30	6, mte
04:45		12:45	6 ML	20:45	6, mte
05:00		13:00	6 ML	21:00	6, mte
05:15		13:15	6 ML	21:15	6, mte
05:30		13:30	6 ML	21:30	6, mte
05:45		13:45	6 ML	21:45	6, mte
06:00	6 ML	14:00	6 ML	22:00	6, 10, mte
Inmate Name <u>Hampton Randall</u>		AIS # <u>224420</u>			

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____OBSERVATION: ☒ 15 Minutes ☐ Other _____

Date Initiated: _____ Time Initiated: _____

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15	6 EJ	06:15	6	14:15	6 EJ
22:30	6 EJ	06:30	6	14:30	6 EJ
22:45	6	06:45	5	14:45	6 EJ
23:00	6	07:00	5	15:00	6 EJ
23:15	6	07:15	5	15:15	6 EJ
23:30	6	07:30	5	15:30	6 EJ
23:45	6	07:45	5	15:45	6 EJ
24:00	6	08:00	5	16:00	6 EJ
24:15	6	08:15	6	16:15	6 EJ
24:30	6	08:30	6	16:30	6 EJ
24:45	6	08:45	6	16:45	6 EJ
01:00	6	09:00	6	17:00	6 EJ
01:15	6	09:15	6	17:15	6 EJ
01:30	6	09:30	6	17:30	6 EJ
01:45	6	09:45	6	17:45	6 EJ
02:00	6	10:00	6	18:00	6 EJ
02:15	6	10:15	6	18:15	6 EJ
02:30	6	10:30	6	18:30	6 EJ
02:45	6	10:45	6	18:45	6 EJ
03:00	6	11:00	9	19:00	6 EJ
03:15	6	11:15	9	19:15	6 EJ
03:30	6	11:30	9	19:30	6 EJ
03:45	6	11:45	9	19:45	6 EJ
04:00	6	12:00	9	20:00	6 EJ
04:15	6	12:15	9	20:15	6 EJ
04:30	6	12:30	9	20:30	6 EJ
04:45	6	12:45	9	20:45	6 EJ
05:00	6	13:00	9 Lying on floor	21:00	6 EJ
05:15	6	13:15	9 Lying on floor	21:15	6 EJ
05:30	6	13:30	9 Lying on floor	21:30	6 EJ
05:45	6	13:45	6 in bed	21:45	6 EJ
06:00	6	14:00	6 in bed	22:00	6 EJ

Inmate Name

Hampton, Randall

AIP #

226420

MENTAL HEALTH OBSERVATION MONITORING

INTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____

OBSERVATION: ☒ 15 Minutes ☐ Other _____

Date Initiated: 10/1/03 Time Initiated: _____

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
2215	6 10, E	6:15	5-6	14:15	9 E
2230	6 1, E	6:30	6-5	14:30	9 E
2245	6 5, E	6:45	6-5	14:45	9 E
2300	6 5	7:00	6	15:00	9 E
2315	6 5	7:15	6	15:15	9 E
2330	6 5	7:30	6	15:30	9 E
2345	6 5	7:45	6	15:45	9 E
2400	6 5	8:00	6	16:00	9 E
2415	6 5	8:15	6	16:15	9 E
2430	6 5	8:30	6	16:30	9 E
2445	6 5	8:45	6	16:45	9 E
0100	6 5	9:00	6	17:00	9 E
0115	6 5	9:15	6	17:15	9 E
0130	6 5	9:30	6	17:30	9 E
0145	6 5	9:45	6	17:45	9 E
0200	6 5	10:00	6	18:00	9 E
0215	6 5	10:15	6	18:15	9 E
0230	6 5	10:30	6	18:30	9 E
0245	6 5	10:45	6	18:45	9 E
0300	6 5	11:00	6	19:00	9 E
0315	6 5	11:15	6	19:15	9 E
0330	6 5	11:30	6	19:30	9 E
0345	6 5	11:45	6	19:45	9 E
0400	6 5	12:00	6	20:00	9 E
0415	13, 12	12:15	6	20:15	9 E
0430	13, 12	12:30	6	20:30	9 E
0445	13, 12	12:45	6	20:45	9 E
0500	13, 12	1:00	6	21:00	9 E
0515	6 5	1:15	6	21:15	9 E
0530	6 5	1:30	6	21:30	9 E
0545	6 5	1:45	6	21:45	9 E
0600	6 5	2:00	6, 9, E	22:00	9 E

Inmate Name Hampton, Randall AIS # 226420

ALDOC Form 471-01

MENTAL HEALTH OBSERVATION MONITORINGINTERVENTION: ☒ Suicide Watch ☐ Restraints ☐ Other _____OBSERVATION: ☒ 15 Minutes ☐ Other _____Date Initiated: 10/31/03 Time Initiated: 2215

CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY	CODE	ACTIVITY
1.	Yelling	5.	Sleeping	9.	Walking	13.	Meal Accepted
2.	Struggling	6.	Quiet	10.	Sitting	14.	Meal Rejected
3.	Crying	7.	Relaxed	11.	Fluids Accepted	15.	Toileted
4.	Laughing	8.	Mumbling	12.	Fluids Rejected	16.	Range of Motion

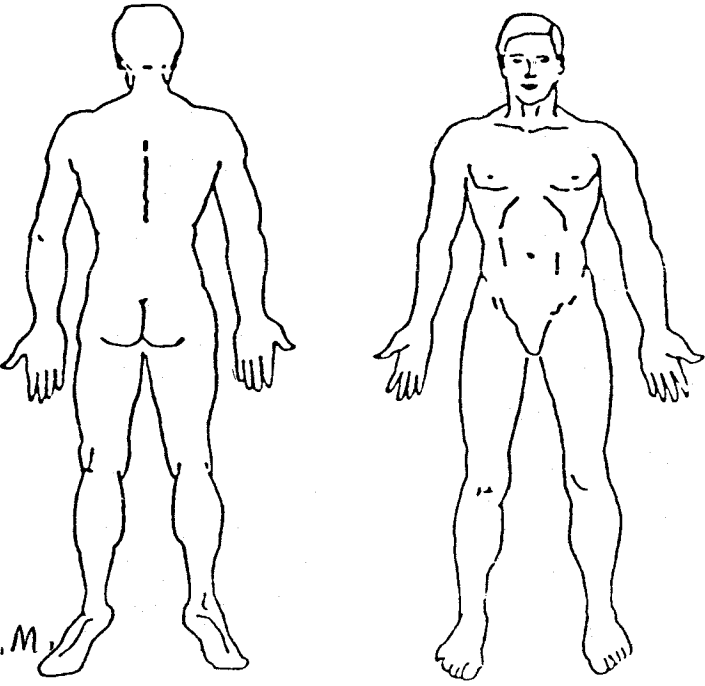
NIGHT SHIFT		DAY SHIFT		EVENING SHIFT	
TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS	TIME	ACTIVITY/INITIALS
22:15	6	06:15		14:15	
22:30	6	06:30		14:30	
22:45	6	06:45		14:45	
23:00	6	07:00		15:00	
23:15	6	07:15		15:15	
23:30	6	07:30		15:30	
23:45	6	07:45		15:45	
24:00	6	08:00		16:00	
24:15	6	08:15		16:15	
24:30	6	08:30		16:30	
24:45	6	08:45		16:45	
01:00	6	09:00		17:00	
01:15	6	09:15		17:15	
01:30	6	09:30		17:30	
01:45	6	09:45		17:45	
02:00	6	10:00		18:00	
02:15	6	10:15		18:15	
02:30	6	10:30		18:30	
02:45	6	10:45		18:45	6
03:00	6	11:00		19:00	6
03:15	6	11:15		19:15	6-5
03:30	6	11:30		19:30	6-5
03:45	6	11:45		19:45	6-5
04:00	6	12:00		20:00	6-5
04:15	6	12:15		20:15	6-5
04:30	6	12:30		20:30	6-5
04:45	6	12:45		20:45	6-5
05:00	6	13:00		21:00	6-5
05:15	6	13:15		21:15	6 - release resten
05:30	6	13:30		21:30	6
05:45	6	13:45		21:45	6
06:00	6	14:00		22:00	6

Inmate Name Sampton Randall AIS # 226420

BCC F

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 9/05/03 @ 0850		TIME AM	FACILITY KCF		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKDA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP _____		ORAL _____	RECTAL _____	RESP. 32	PULSE 100	B/P 130/90
		RECHECK IF SYSTOLIC <100 > 50				
NATURE OF INJURY OR ILLNESS S: Inmate found in cell lying on back c jerking motion. Eyes open. Taken to west Ward for further evaluation. H. J. [signature]			ABRASION/III		CONTUSION #	BURN ^{xx} / _{xx}
			FRACTURE ^Z / _Z	LACERATION/ SUTURES		
PHYSICAL EXAMINATION O - Alert + oriented x 3. Resp. reg. c ease. Skin warm + dry to touch. Has a history of seizures presently taking Tegretol 400mg BID + Phenob. 60mg BID order out. Haven't had any since 9-4-03 A.M. A - Pot. injury R/T Seizure activity.						
ORDERS, MEDICATION, etc. P - Notify MD. New orders received + noted.						
Phenob. + Tegretol levels						
Phenob. 60mg BID x 180D						
Tegretol 400mg BID x 180D vo. Dr. Robbins / J. [signature]						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
RELEASE/TRANSFER DATE 9/5/03		TIME 935 AM	RELEASE/TRANSFERRED TO MH		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. [signature]		DATE 9/5/03	PHYSICIAN'S SIGNATURE [signature]		DATE	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) [signature]			AGE	DATE OF BIRTH 10/15/83	R/S B/M	AIS # 226420

DEPARTMENT OF CORRECTION

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 11-02-03		TIME 12:58 AM		FACILITY BCCF		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES NKD				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP Or sat 98.9°		ORAL RECTAL		RESP. 24		PULSE 68 B/P 128/80 RECHECK IF SYSTOLIC <100 > 50	
NATURE OF INJURY OR ILLNESS S - "I just want to die I am tired?" D - Inmate noted on floor on back about 2 ft away from sink alert & responsive skin warm & dry to touch Resp. reg. unlabored. Examined per nurses PHYSICAL EXAMINATION Neuro ✓ P, E, R, L, ✓/s taken no open areas or swelling noted active movement in upper extremities. Inmate asked to raise his legs Rt & then it leg states "it hurts a lit bit but his bad leg it was hurting before he had the fall." A - Altered Mental Status				ABRASION/		CONUSION #	
				BURN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		FRACTURE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
ORDERS, MEDICATION, etc. P - Dr Sanders made aware new order received Haldol 10mg IM Now Ativan 2mg IM now after Medical consult & Dr Siddiq. 1400 Haldol 10mg IM & Ativan 2mg IM given in Rt gluteal as ordered.							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
RELEASE/TRANSFER DATE 11/1/03		TIME AM PM		RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE H. Thomas		DATE 11/02/03		PHYSICIAN'S SIGNATURE		DATE	
PATIENT'S NAME (LAST, FIRST, MIDDLE) Houston Randall		AGE 20		DATE OF BIRTH 10/15/83		R/S B/M	
						AIS # 2910495	

Mental Health Observation Form

Inmate Name: Hampton, Randall ID # 226420 Date/Time Initiated _____
 Note: Time In 15 min. Increments

Date	Time	Observer	Comments
11/16/03	0400	J. Taylor, L	S - None O - Inmate quiet. A - Stable P - Cont. to monitor.
	0600	J. Taylor, L	S - None O - Inmate quiet. NO C/O voiced. No acute distress noted. A - Stable P - Cont. to monitor
11-10-03	0800	A. Thomas PN	S - Quiet O - Lying in bed cover ed blanket resp. reg. unalarmed calm no behavior problem @ this time. A - A.M.S P - Observation will continue
11-10-03	1000	A. Thomas PN	S - Quiet O - Lying on lying bed eyes opened no acute distress noted A - Stable P - Continue observation
11-10-03	1200	A. Thomas PN	S - "Hi nurse" O - Alert sitting on bedside waved hand @ nurse empty plate noted @ bedside. A - Stable P - Will continue to monitor
11-10-03	1330	A. Thomas PN	S - Quiet O - Sitting on bedside resting quietly no unusual behavior noted. A - Stable P - Dr. Kern visited inmate Released back to seg. A. Thomas PN

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min. increments

Date	Time	Observer	Comments
11/9/03	1400	A. Willis spn	S- None. O- Lying quietly in bed & eyes closed. Resp reg & ease. No problem noted. A- AMS.
	1600	A. Willis spn	P- Continue observation. S- "I'm alright nurse." O- Sitting on side of bed eating meal. A- AMS.
	1800	A. Willis spn	P- Continue observation S- None. O- Quiet in bed, no problems noted. No c/o. A- AMS.
	2000	A. Willis spn	P- Cont. observation S- None. O- Lying quietly in bed covered w/ blanket. Resp reg & ease. No apparent distress noted. A- AMS.
	2200	A. Willis spn	P- Cont. observation. S- None. O- Quiet in bed, eyes closed. No distress noted. A- AMS.
11/10/03	12 AM	A. Tafer, spn	P- Cont. observation. S- None. O- Inmate asleep. No acute distress noted. A- Stable.
	0200	A. Tafer, spn	P- Cont. to monitor. S- None. O- Inmate asleep. A- Stable. P- Cont. to monitor.

Mental Health Observation Form

 Inmate Name Hampton, Randall ID # 226420
 Note: Time in 15 min increments

Date/Time Initialed _____

Date	Time	Observer	Comments
11/9/03	12 Midnight	R Taylor, US	S - None O - Inmate asleep. No acute distress noted. A - Stable P - Cont. to monitor.
	0200	R Taylor, US	S - None O - Inmate asleep. No acute distress noted. A - Stable P - Cont. to monitor.
	0400	R Taylor, US	S - None O - Inmate quiet. A - Stable P - Cont. to monitor.
	0600	R Taylor, US	S - None O - Inmate quiet. No acute distress noted. A - Stable P - Cont. to monitor.
11/9/03	0800	M. Chaney Lpn	S - None O - Inmate lying on back sleeping at this time A - Altered Mental Status P - Cont. to monitor
11/9/03	1000	M. Chaney Lpn	S - None O - Inmate remains quiet at this time A - Altered Mental Status P - Cont. to monitor
	1200	M. Chaney Lpn	S - None O - Inmate remains quiet but up walking around

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min. increments

Date	Time	Observer	Comments
11/8/03	10:00	C. Smith V. Smith	S-None O-Inmate resting in bed A-AMS P-will monitor
	12:00	V. Smith	S-None O-Resting in bed. Resp. & pulse ok. A-AMS P-will continue to monitor
	14:00	V. Smith	S-None O-Lying in bed & eyes closed. Resp. & pulse ok. A-AMS P-will continue to monitor
11/8/03	16:00	A. Willis Lpn	S-None. O-Lying in bed quietly. No apparent distress noted. A- Altered mental status. P- Continue observation.
	18:00	A. Willis Lpn	S-None. O-Sitting on side of bed. No problem noted. A-AMS. P- Continue observation.
	20:00	A. Willis Lpn	S-None. O- Standing @ cell door looking out. No distress noted. No complaints received. A-AMS. P- Continue observation.
	22:00	A. Willis Lpn	S-None. O-Sitting on side of bed. No behavior problem noted. A-AMS. P- Cont. observation.

Mental Health Observation Form

Subject Name Hampton, Randall ID # 226420 Date/Time Initiated _____
 Time: 15 min Increments

at	Time	Observer	Comments
11/7/03	1000	Carter, J Lpn	S - None O - Remains quiet, lying on bunk, Resp. visible JWNb NHD Noted A - MHO P - Continue Plan of Care
11-8-03	2405	Ngallert, RN	S - None O - In bed in cell eyes closed Visible resp & ease - appears to be sleeping A - Condition for assessment/MH P - Cont for observation, MHO - E - None @ present. Ngallert;
11-8-03	0206	Ngallert, RN	S - None O - In bed in cell eyes closed Visible resp & ease - appears to be sleeping A - Condition for observation P - Cont for observation E - None @ present. Ngallert;
11-8-03	0400	Ngallert, RN	S - None O - In bed in cell eyes closed Visible resp & ease - appears to be sleeping A - Condition for assessment P - Cont for close observation, Mental Health observation E - None @ present. Ngallert;
	630	Carter, J Lpn	S - None O - Awake, lying on bunk Quietly, Resp. Reg. & ease no acute distress noted A - Altered mental status P - Continue Plan of Care
	0800	Carter, J Lpn	S + O - Quiet, far about cell unit, no acute distress noted A - Altered mental status

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min increments

Date	Time	Observer	Comments
	1200	W Smith	S - None O - Inmate resting Resp reg A - AMS P - Will monitor
	0200	W Smith	S - None O - Inmate resting in bed A - AMS P - will monitor
	0400	W Smith	S - None O - Inmate resting No distress noted A - AMS P - will monitor
	0600	W Smith	S - None O - Resting & eyes closed, Resp c case A - AMS P - will monitor
	0800	M J Christie, RNC	S - Non Verbal O - lying on bed, Resp. reg & unlabored A - A.M.S. P - Continue observation
11/7/03	400	Carter, J Lpr	S - "What time is it" O - Noted P/B 1 ambulating in cell unit, talkative no acute distress noted A - Altered LOC R/mental status P - Continue Plan of care
	6:00	Carter, J Lpr	S + O - Quiet lying on bunk vital N/C, Resp. regular to case, NAD noted A -
	5:00 8:00	Carter, J Lpr	P - Continue Plan of care S + O - noted resting on floor Resp. visible & WNL no acute distress noted A - MHT P - Continue Plan of care

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min. increments

Date	Time	Observer	Comments
11/6/03	1530		Nurse's Note Continues O - behavior problem H - Altered mental status P - Will be observed on Mental Health Observation 92h S - "yelling."
11/6/03	1730	Ernestine Tyson LPA	O - Inmate banging on the door, yelling and screaming. H - Altered mental status P - Will continue to monitor on MHO 92h. S - Yelling "I can stand this the walls talking to me."
11/6/03	1930	Ernestine Tyson LPA	O - Observed inmate banging on the door of his cell, screaming and yelling, walking around. Serious behavior problem noted. H - Altered mental status P - Will continue to monitor on MHO 92h S - Yelling
11/6/03	2130	Ernestine Tyson LPA	O - Continue to bang on the door of his cell. At pull call time release to take his Haldol pill. Continue to bang on the door of his cell. H - Altered mental status P - Will continue to monitor on MHO 92h.

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min. increments

Date	Time	Observer	Comments
10/6/03	0200	V Smith	S- None O- Resting No distress A- Arms P- will monitor
	0400	V Smith	S- None O- Resting Resp & ecce. A- Arms P- will monitor
	0600	M. Chaney Lpn	S- None O- Quiet Resting A- Altered Mental P- Continued Monitor
	0800	M. Chaney Lpn	S- None O- Inmate Quiet No distress noted A- Altered Mental Status P- Cont to Monitor
	1000	M. Chaney Lpn	S- Inmate Outside Walking Around on Patio Smoking A- Altered Mental Status P- Cont to Monitor
	1200	M. Chaney Lpn	S- I want to get out of here O- Inmate C/o seems uncomfortable in his Cell yelling out A- Altered Mental Sta P- Continue to Monitor Suicide watch & C
10/6/03	1530	Emeline Tyson Lpn	Per Dr Kern S- "I want get out of here." O- Observe yelling banging on the door of his cell, screaming. A- Very serious

Mental Health Observation Form

Patient Name

Note: Time in 15 min. increments

Hampton Landers # 326420

Date/Time Initialed 11/5/06

Date	Time	Observer	Comments
11/5/03	1200	M. Charney Lpn	P - moderate speaking not breathing good very agitated A - full blown mental status P - Dist mental P - Dist O - Lying down A - Dist mental P - Cont to monitor
11/5/03	1600	A. Willis Lpn	S - None. O - Lying quietly in bed covered & blanket. Resp reg & unlabored. No apparent distress noted. A - AMS. P - Cont. observation.
	1800	A. Willis Lpn	S - None. O - Cont. to rest quietly in bed & problems noted. A - AMS. P - Cont. observation.
	2000	A. Willis Lpn	S - None. O - Quiet & eyes closed resp reg & ease. No distress noted. A - AMS. P - Cont. observation.
	2200	A. Willis Lpn	S - None. O - Quiet in bed. Resp reg & unlabored. No apparent distress. A - AMS. P - Cont. observation.
	2400	V. Smith	S - None O - Resting A - AMS P - null monitor

Mental Health Observation Form

Name Hampton Kandise ID # 226426 Date/Time Initialed 11/5/03

Time in 15 min. increments

Time	Observer	Comments
11:56p 12mn	Blake R	<p>S. None</p> <p>O. Lying on cot in Safe cell - Perplexed - no distress noted</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0200	Blake R	<p>S. None</p> <p>O. Continue to sleep & problem</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0400	Blake R	<p>S. "I feel OK"</p> <p>O. Sitting on side of bed to eat - appetite good</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0600	Blake R	<p>S. None</p> <p>O. Lying quietly on cot - eyes closed - resp. reg & easy - no noted distress</p> <p>A. Altered mental status</p> <p>P. Continue self injury watch</p>
0800	M. Chaney Spr	<p>S. None</p> <p>O. Lying quiet in bed - no distress noted</p> <p>A. Altered mental status</p> <p>P. Continue to Monitor</p>
1000	M. Chaney Spr	<p>S. yelling out in Safe cell - Inmate yelling out - breaking out cell door</p>

Mental Health L Observa Form

inmate Name Hampton, Randall ID # 226420 Date/Time Initialed _____
 Note: Time in 15 min. Increments

Date	Time	Observer	Comments
11/4/03	1400	A. Willis LPN	S-None. O-Sitting on side of bed quietly @ present. No noted distress. A-AMS. P-Cont. to monitor q 15 min. for self injury.
	1600	A. Willis LPN	S-Yelling out. O-Disruptive behavior banging loudly on door. A-AMS. P-Cont. self injury watch.
	1800	A. Willis LPN	S-None. O-Pacing around safe cell. No apparent distress noted. Bangs on door @ intervals. A-AMS. P-Cont. self injury watch q 15 min.
	2000	A. Willis LPN	S-"I need a shower nurse" O-Showered per officer. No apparent distress @ present. A-AMS. P-Cont. observation.
	2200	A. Willis LPN	S-None. O-Quiet, sitting on side of bed. No problem @ this time. A-AMS. P-Cont. observation q 15 min.
	2215	Base a	S-"I am alright - I need a talk to Lt. Cunningham" O-Standing at door of safe cell - Reg room - No distress noted A-Excellent mental status P-Continue self injury watch.

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

326420

Date/Time Initiated

Note: Time in 15 min. increments

Date	Time	Observer	Comments
11/04/03	0700	V Smith ipn	S - None O - Resting & eyes closed A - Ams P - will continue to monitor
	0800	V Smith ipn	S - None O - Inmate resting in bed. Resp & ease. A - Ams P - will continue to monitor
	0900	V Smith ipn	S - "I'm alright" O - Inmate eating breakfast No distress noted. A - Ams P - will continue to monitor
	0900	V Smith ipn	S - None O - Inmate resting. No distress noted A - Ams P - will continue to monitor
11/04/03	10300	M L Christie, RNC	S - Verbal O - Lying on bed, eyes closed resp. reg. & unlabored A - Ams P - Continue 15 min. observation
11/04/04	1000	M L Christie, RNC	S - Yelling & beating head O - on door for last few minutes, pacing A - Ams P - Security officers with I/M, Lt. Stephens in cell. Inmate taken out of cell to outside fenced area & officers which seems to be calming I/M - O - Lying in bed, quietly No complaints, N.A.P. Resp. reg. & unlabored A - Ams P - continue observation - max
8/9/04	1100 1200	M L Christie, RNC	

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min. increments

Date	Time	Observer	Comments
11/3/03	1400	M. Chancey, Lpn	S - None O - inmate sleeping up x 1 After inspection for distress noted A - Altered Mental Status P - Cont to Monitor
11/3/03	1600	M. Christie, RNC	S - Non Verbal O - Lying on bed & eyes closed, resp. reg. & unlabored A - A.M.S. P - Continue q 15 min. Observations
11/3/03	1800	A. Willis Lpn	S - None O - Lying in bed covered & pulled blanket. Resp reg & unlabored. No apparent distress noted. A - Altered mental status P - Cont. to monitor q 15 min.
	2000	A. Willis Lpn	S - "I want to smoke a cigarette nurse." O - Standing @ cell door, unclothed. No apparent distress noted. A - Altered mental status P - Cont. q 15 min observations
	2100	A. Willis Lpn	S - Yelling out. O - Banging on cell door, wants to smoke. Officer notified of request x 2. A - Altered mental status P - Cont. q 15 min observations
	2200	A. Willis Lpn	S - None O - Lying in bed quietly. No apparent distress noted A - Altered mental status P - Cont. q 15 min observations

Mental Health Observation Form

Inmate Name Hampton, Randall ID # 226420 Date/Time Initialed _____
 Note: Time in 15 min increments

Date	Time	Observer	Comments
11/2/03	2200		Nurses Note Continues A - Altered Mental Status P - Will Continue to monitor on suicide watch 915 minutes
11/3/03	0600	M. Chaney Lpn	S - none O - inmate lying in bed w/ eyes closed P - no distress noted A - Altered Mental Status P - Continue to monitor
	0800	M. Chaney Lpn	S - none O - inmate easy to wake up no acute distress noted A - Altered Mental Status P - Cont to Monitor
	1000	M. Chaney Lpn	S - none O - inmate up beating on cell door yelling out very agitated A - Altered Mental Status P - Cont to Monitor
	1100	M. L. Christie, RNC	S - screaming - non verbal O - screaming incoherently running in cell & intermittently banging on door loudly A - A.M.S. P - Therazine 5mg I.M. & Ativan 2 mg I.M. given in outtakes @ 11 a.m.

Mental Health Observation Form

Inmate Name Hampton Randall ID # 226420 Date/Time Initialed _____
 Note: Time in 15 min increments

Date	Time	Observer	Comments
11-02-03	1400	A. Thomas 4N	A- Altered Mental Status P- Inmate lying on stomach shot given in Rt gluteal tolerated well voiced no pain. Acknowledged
11/2/03	1600	Ernestine Tyson LPN	S- NONE O- lying on bed in safe cell, eyes closed as though asleep. Resp. evenly labored A- Altered mental status P- Will continue to monitor on suicide watch q- 15 minutes
11/2/03	1800	Ernestine Tyson LPN	S- NONE O- Condition the same still appear to be asleep A- Altered mental status P- Will continue to monitor on suicide watch q- 15 minutes
11/2/03	2000	Ernestine Tyson LPN	S- NONE O- Obscene lying in bed asleep, not arouse when his name was called A- Altered mental status P- Will continue to monitor on suicide watch q- 15 minutes the protocol
11/2/03	2200	Ernestine Tyson LPN	S- NONE O- Condition the same. Obscene lying in bed eyes closed as though asleep. Resp. reg and unlabored. NO respiratory distress

Mental Health Observation Form

Inmate Name

Hampton Randall

ID #

226420

Date/Time Initialed

Note: Time in 15 min increments

Date	Time	Observer	Comments
11-02-03	13:00	A. Thomas PN	D - Inmate asked can you move. He states "a little?" Examined per nurses no bleeding noted @ this time. Nurse checked inmate for open areas or swelling none noted @ this time. Inmate noted moving upper extremities actively. VS take per nurse T. White. Neuro check P.E.R. Inmate noted raising self up off floor told to lay down. Dr Sanders call new orders received.
11-02-03	13:00		A - A M S P - Examined then give meds as order - A. Thomas
11-02-03	13:40	A. Thomas PN	S - D - Inmate noted off floor in bunk in cell officer states he got up by himself. Inmate ask to turn over rechecked his back & head no swelling noted @ this time. Offer his shot states I don't need it. H - Altered Mental States P - Neuro check negative continue observing q 15 mins.
11-02-03	14:00	A. Thomas PN	S - "I want to see Doctor about a transfer." D - Alert & oriented to name place. Inmate noted standing @ sink w/ blanket around his states "I will take it." referring to the shot

Mental Health Observation Form

Inmate Name

Hampton, Randall # 226420

Date/Time Initialed

Note: Time in 15 min increments

Date	Time	Observer	Comments
11-02-03	1030	A. Thomas PN	S - Quiet D - Ambulating about cell no distress noted A - A.M.S. P - Continue watch q 15 min checks
11-02-03	1130	A. Thomas PN	S - Talking to officer Weststone D - Inmate standing @ cell door window Officer Weststone reported inmate, not hitting the window angry because he did not get a visit from his family. A - A.M.S. P - Continue self injury watch.
11-02-03	1230	A. Thomas PN	S - Quiet D - Pacing back & forth across cell floor alert refuses to talk & nurse. A - A.M.S. P - Continue observation q 15 min checks.
11-02-03	1255	A. Thomas PN	S - Non D - Officer weststone summoned to back cell # per infirmary runners. Officer Weststone states inmate was standing on sink & arms folded he just went strait backward on floor. Inmate noted on floor about 2 ft away from sink alert & responsive to verbal stimuli stated "I just want to

Mental Health Observation Form

inmate Name Hampton, Randall ID # 226400 Date/Time Initiated _____
 Note: Time in 15 min increments

Date	Time	Observer	Comments
11/1/03	2200		Nurse's note continues A - Altered mental status. F - Will continue to monitor on suicide watch q 15 minutes S - "I'm OK."
11/2/03	2400	S. Anderson LPN	O - Standing ↑ @ cell door. & distress noted A - Altered mental status P - Continue to monitor E - None
11/2/03	0330	S. Anderson LPN	S - None O - Resting quietly, & distress noted A - Altered mental status P - Continue to monitor E - None
11/2/03	0410	S. Anderson LPN	S - None O - Resting quietly, & distress noted A - Altered mental status P - Continue to monitor E - None
11-02-03	0630	A. Thomas LPN	S - Quiet O - Lying in bed cover in and suicide blanket visible respiration noted A - A.M.S. P - Continue q 15 mins usual checks.
11-02-03	0830	A. Thomas LPN	S - Lying in bed cover E - blanket in no acute distress A - A.M.S. P - Continue observation & checks

Mental Health Observation Form

Inmate Name

Hampton, Randall

ID #

226420

Date/Time Initiated

Note: Time In 15 min. Increments

Date	Time	Observer	Comments
11/1/03	2100	Carter, JLP	S - None O - Remains quiet, DOB An abatement cell unit Neg. of visible distress A - alt. 2/6C R/T mental status
11/1/03	1600	Ernestine Tyson LPA	S "I am scared." O - Inmate walking up and down his safe cell mumbling to himself. No distress noted. A - Altered Mental Status F - Will observe on suicide watch 9/5 minutes
11/1/03	1800	Ernestine Tyson LPA	S - None O - Quiet down, ob- serve inmate lying in bed on safe cell b. NO Respiratory distress noted. A - Altered mental status F - Will continue to observe on suicide watch 9/5 minutes
11/1/03	2000	Ernestine Tyson LPA	S "All right" O - TOOK medication & Lt Cunningham present. Ambulating about in cell and lib. A - Altered mental status F - Will continue to monitor ON suicide watch 9/5 minutes
11/1/03	2200	Ernestine Tyson LPA	S "I am doing al- right." O - Ambulating about in cell and lib. Condition the same. Alert and oriented X 3.

Mental Health Observation Form

inmate Name Hampton, Randal ID # 226420 Date/Time Initiated 10/10/06
 Note: Time in 15 min. increments

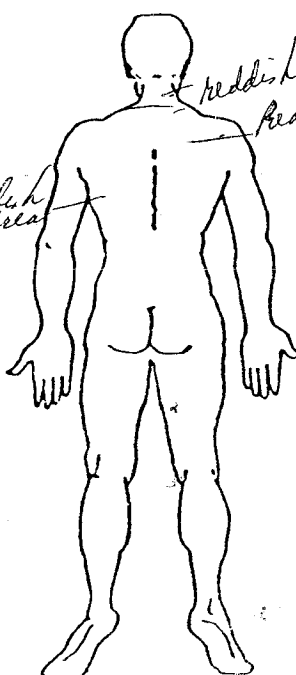
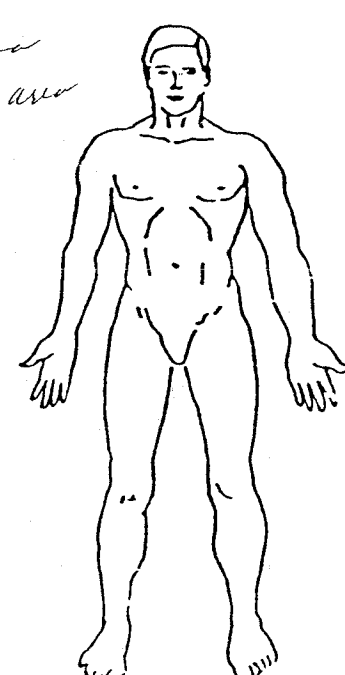
Date	Time	Observer	Comments
11/1/03	200	Rhake L	S - none O - Direct eyes closed resp. ease A - Altered mental status P - Continue self injury watch.
	0400	Rhake R	S - "I feel OK name." O - Resting quietly no noted distress A - Altered mental status P - Continue self injury watch.
	0545	Rhake R	S - "I'm OK" O - Am mess given per G. Rogers ROR placed at present. A - Altered mental status P - Continue self injury watch.
	8:00	Carter, J	S - none O - noted lying on bunk covered & Blanket resp. visible & WNL NAD noted A - Alt. 40C R/T mental status P - Continue Plan of Care
	10:00	Carter, J Lpn	S - O - Quiet, 1 ad. lib in cell unit, talkative. Neg of bizarre behavior @ this time - A - Alt. 40C R/T mental status P - Continue Plan of care
	1200	Carter, J Lpn	S - "I didn't do nothing" O - inmate ambulating in cell unit, Neg of visible distress A - Altered mental status P - Continue self injury watch of 15 min

Mental Health Observation Form

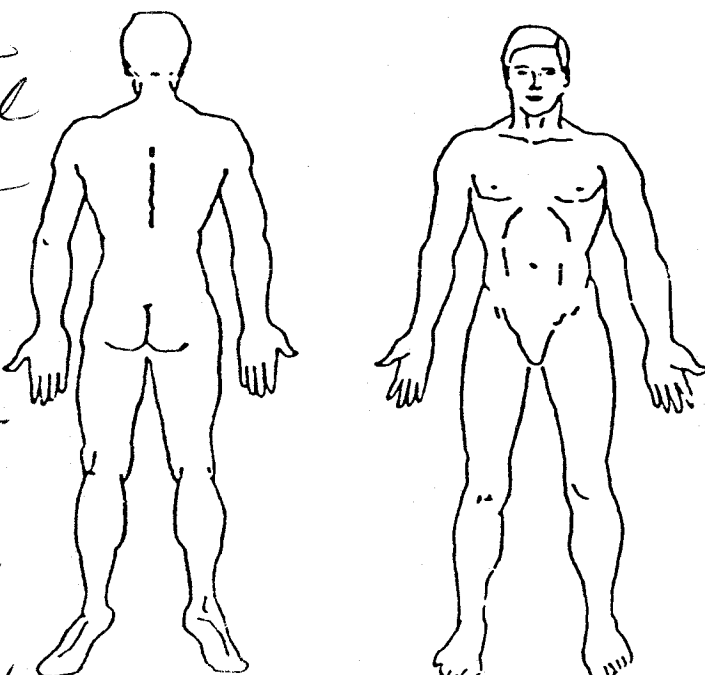
Name: Randall, Hampton ID # 226420 Date/Time Initialed _____
 me in 15 min. increments

te	Time	Observer	Comments
10/31/03	6	Carter, J. L. Pn	B - None
			O - noted, Inmate to HCH Per Officer/Lt. Cunningham & handcuffs & placed in Paper Cell #1 In 4 point restraints wrists & ankles, Dr. Jander & Dr. Bell Called & paged to respond - Ms. Webb's CNRP Called & made aware of same
	7:10 Pn		Dr. Kern, Called & T/O given
	7:15 Pn		Same Documented on Treat- ment Record & Dr. Orders Sheet.
	9:20		Inmate Hampton Release from restraints, 1/5 B/P 118/80 97 76 18 - Quiet @ moment.
	12:00	Rdaler	S - none O. Lying on cot in Safe cell resp reg & c ease - eyes closed noted distress
			G. Altered mental status P. Continue self-injury with
11/1/03	mn	Rdaler	S - none O. Eyes closed resp cease no noted distress at this time
			G. Altered mental status P. Continue self-injury with
	00:15	Rdaler	Inmate conversing & Lt. Cunningham & Off. Thompson - no noted behavior problems - Calm - answers, can hearly

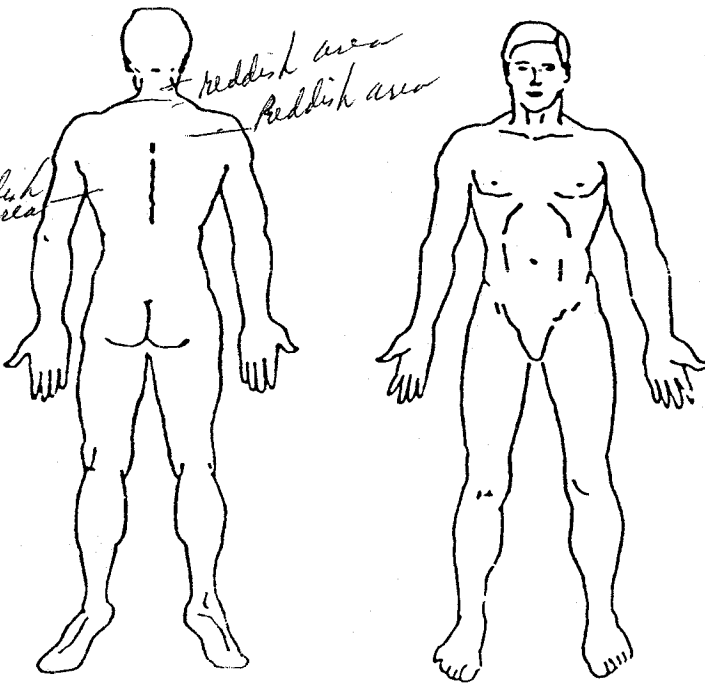
DEPARTMENT OF CORRECTIONS
EMERGENCY/ Non-scheduled TREATMENT RECORD
 (OTHER)

DATE <u>10-31-03</u> TIME <u>1735</u> <u>AM</u> <u>PM</u>		FACILITY <u>Bull Lake</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>97.2</u> <u>ORAL</u> RECTAL <u>22</u> PULSE <u>76</u> B/P <u>130</u> <u>170</u>		RECHECK IF SYSTOLIC <u><100> 50</u>			
NATURE OF INJURY OR ILLNESS <u>S - Non-verbal</u>		ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES <div style="display: flex; justify-content: space-around; align-items: center;">   </div>			
PHYSICAL EXAMINATION <u>O-BM ambulatory to HCU, alert, oriented x3. Resp. reg & even. Skin wtd to touch.</u>					
ORDERS, MEDICATION, etc. <u>A - Alteration in comfort</u> <u>P - Released to officer/Lt D. Cunningham.</u> <u>E - Instructed to return to HCU if needs to/PRN</u>					
DIAGNOSIS					
INSTRUCTIONS TO PATIENT <u>RTN to HCU PRN</u>					
RELEASE/TRANSFER DATE <u>10/31/03</u> TIME <u>1745</u> <u>AM</u> <u>PM</u>		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>[Signature]</u> DATE <u>10/31/03</u>		PHYSICIAN'S SIGNATURE		DATE	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Harrison R 100</u>		AGE <u>20</u>		DATE OF BIRTH <u>10/15/83</u>	
		R/S <u>RN</u>		AIS # <u>226420</u>	

DEPARTMENT OF CORRECTION
EMERGENCY/ Unscheduled TREATMENT RECORD
 (OTHER)

DATE <u>10/31/03</u>		TIME AM PM	FACILITY <u>Bullock</u>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>NKDA</u>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP _____		ORAL RECTAL	RESP. _____	PULSE _____	B/P <u>1</u>	RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS <u>S - none</u>			ABRASION//	CONTUSION #	BURN ^{xx} xx	FRACTURE ^Z Z
			LACERATION/ SUTURES			
PHYSICAL EXAMINATION <u>Lt. Cunningham stated T/m</u> <u>P taken handcuff off in seg</u> <u>Banged Head on walls</u> <u>+ jumped off commode +</u> <u>shirt around his neck -</u> <u>Neg of any laceration to head</u> <u>or neck at this time</u> <u>6:35 Dr. Sanders Called + Beeped</u> <u>or paged - NO respond</u>						
ORDERS, MEDICATION, etc.						
<u>6:40 Dr. Bell Called + Paged (NO respond)</u> <u>7:10 Mrs. Webb CNRP Called + made aware of some</u> <u>7:15 Dr. Kerns Called T/O Orders, Inmate to be re-</u> <u>lease from restraints in 2 hrs. If Calm, To give</u> <u>medication as previous ordered. Place on suicide</u> <u>watch 9 15 min watch + suicide blanket + pack lunch</u>						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
RELEASE/TRANSFER DATE <u>1 1</u>		TIME AM PM	RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>Carter g lpr</u>		DATE <u>10/31/03</u>	PHYSICIAN'S SIGNATURE		DATE	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Hampton Randall</u>			AGE <u>20</u>	DATE OF BIRTH <u>10.15.83</u>	R/S <u>Bm</u>	AIS # <u>226619.1</u>

DEPARTMENT OF CORRECTION
EMERGENCY/ Non-scheduled TREATMENT RECORD
 (OTHER)

DATE <u>10-31-03</u> TIME <u>1735</u> AM PM		FACILITY <u>Bull dock</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER						
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA								
VITAL SIGNS: TEMP <u>97.2</u> ORAL RECTAL RESP <u>22</u> PULSE <u>76</u> B/P <u>130/170</u>		RECHECK IF SYSTOLIC <u>170</u> <100 > 50								
NATURE OF INJURY OR ILLNESS <u>S - Non-verbal</u> <div style="border: 1px solid black; height: 150px; width: 100%; position: relative; margin-top: 10px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ABRASION///</td> <td>CONTUSION #</td> <td>BURN xx xx</td> <td>FRACTURE Z Z</td> <td>LACERATION/ SUTURES</td> </tr> </table>				ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES
		ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES				
										
PHYSICAL EXAMINATION <u>O-BM ambulatory to HCU,</u> <u>Alert, oriented x3. Resp.</u> <u>reg & even. Skin wtd</u> <u>to touch.</u>										
ORDERS, MEDICATION, etc. <u>A - Altercation in comfort</u> <u>P - Released to officer/St. D. Cunningham.</u> <u>E - Instructed to return to HCU if needs to/PRN</u>										
DIAGNOSIS										
INSTRUCTIONS TO PATIENT <u>RTN to HCU PRN</u>										
RELEASE/TRANSFER DATE <u>10/31/03</u> TIME AM PM		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL						
NURSE'S SIGNATURE <u>[Signature]</u> DATE <u>10/31/03</u>		PHYSICIAN'S SIGNATURE		DATE						
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Hampton R. L. 00</u>		AGE <u>20</u>	DATE OF BIRTH <u>10/15/83</u>	R/S <u>RN</u>	AIS # <u>776470</u>					

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

PAGE 1

Institution: <u>Bullock</u>	<input type="checkbox"/> RTU <input type="checkbox"/> SU	Date/Time of Admission:
Inmate Name: <u>Randall Hampton</u>	AIS#: <u>226420</u>	DOB: <u>10/10/83</u>

BP	P	R	HT	WT	Allergies:
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Past Medical History

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> TB
<input type="checkbox"/> Seizures	<input type="checkbox"/> COPD	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Stroke	
<input type="checkbox"/> Peptic Ulcer D/O	<input type="checkbox"/> Congenital D/O	<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Other		

Assistive Devices

<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Artificial Limb (s)
<input type="checkbox"/> Glasses	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Partial Dentures	<input type="checkbox"/> Upper Dentures	<input type="checkbox"/> Lower Dentures
<input type="checkbox"/> Other:				

Major Illnesses/ Accidents / Surgeries / etc.

Current Medical Problems:

Current Medical Medications / Dosages:

Compliance: <input type="checkbox"/> 100% <input type="checkbox"/> 50% to 90% <input type="checkbox"/> 10% to 40% <input type="checkbox"/> 0%
Sleep Pattern: <input type="checkbox"/> Insomnia <input type="checkbox"/> Difficulty Falling Asleep <input type="checkbox"/> Difficulty Waking Up <input type="checkbox"/> Other: _____
Tobacco/Amount: _____ Caffeine/Amount: _____
Hygiene: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Showers _____ times a week
Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Appears Adequately Nourished <input type="checkbox"/> Deficit _____
History of Failure to Eat / Hunger Strikes: <input type="checkbox"/> No <input type="checkbox"/> Yes Last Episode (explain) _____

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:

History of Aggression / Acting Out Behavior: ☐ Yes ☐ No

Last Episode (explain):

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed: _____
☐ Able to Read ☐ Able to Write ☐ Regular Classes ☐ Special Education
☐ Unable to Read ☐ Unable to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

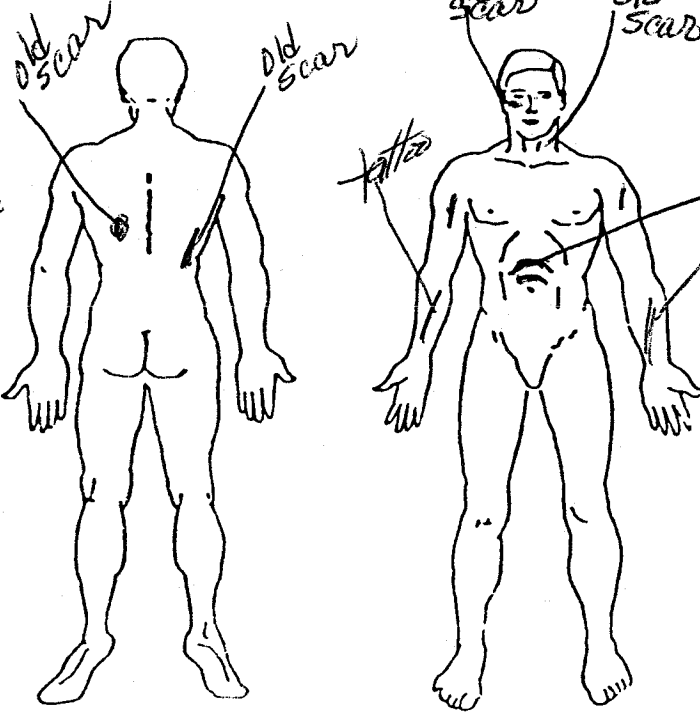
Mental Status

Age: ☒ Appears Stated Age ☐ Appears Younger ☐ Appears Older
Dress/Grooming: ☐ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre
Posture: ☐ Unremarkable ☐ Rigid ☐ Stooped
Facial: ☐ Unremarkable ☐ Hostile ☐ Worried ☒ Tearful ☐ Sad
Eyes: ☐ Unremarkable ☐ Glances Furtively ☐ Stares ☒ Poor Eye Contact
Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
 ☒ Agitation ☐ Tremors ☐ Tics
General Attitude/Behavior: ☐ Spontaneous ☐ Preoccupied ☐ Suspicious ☒ Argumentative
 ☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile
Mood / Affect: ☒ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
 ☐ Blunt ☒ Inappropriate ☐ Constricted
Speech / Communication: ☐ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☐ Over Productive
Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☒ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified
Abstract Thinking: ☒ Unimpaired ☐ Concrete
Delusions: ☐ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other _____
Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile
Memory: ☐ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory
Insight / Judgment: ☐ Unimpaired ☒ Poor Judgment ☐ Poor Insight
 ☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: Carter, JBP Date: 10/31/03
☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Page 2 of 2

Inmate Name <u>Hampton, Randall</u>	AIS # <u>226420</u>
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DATE 11-10-03		TIME 1:35 AM		FACILITY BCCF		<input type="checkbox"/> EMERGENCY	
				<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> OTHER	
ALLERGIES				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP _____ ORAL RECTAL _____ RESP. _____ PULSE _____ B/P _____				RECHECK IF SYSTOLIC _____ DIASTOLIC _____ <100 >50			
NATURE OF INJURY OR ILLNESS S - Routine Body Chart D.O.C. Transferring O - Alert & responsive Skin w/d to touch no open areas skin intact No definite discomforts Voced non noted				ABRASION/// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION/ SUTURES			
PHYSICAL EXAMINATION A - Stable P - Released to officer H. Ruffin							
ORDERS, MEDICATION, etc.							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
RELEASE/TRANSFER DATE 11/10/03		TIME AM PM		RELEASE/TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE G. Thomas		DATE 11/10/03		PHYSICIAN'S SIGNATURE		DATE	
CONSULTATION							
PATIENT'S NAME (LAST, FIRST, MIDDLE) Hamilton Randall				AGE 20		DATE OF BIRTH 10/15/83	
				R/S BM		AIS # 226427	